

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091834312

FILING DATE

APPLICANT(S)

4-5-04 10-18-04

CLAIMS

	AS Filed		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	X					
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49						
50						
TOTAL IND.		0		0		0
TOTAL DER.						
TOTAL CLAIMS						

4-5-04 10-18-04					
IND.	DER.	IND.	DER.	IND.	DER.
51	1	1		1	
52	1	1		1	
53	1	1		1	
54	1	1		1	
55	1	1		1	
56	1	1		1	
57	1	1		1	
58	1	1		1	
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99					
100					
TOTAL IND.	4		4		
TOTAL DER.	30		30		
TOTAL CLAIMS	34		34		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS